2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L03000012399

Entity Name: MNT INVESTMENTS, LLC

Current Principal Place of Business:

200 OCEAN AVENUE
SUITE 202
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

Current Mailing Address:

200 OCEAN AVENUE
SUITE 202
MELBOURNE BEACH, FL 32951

New Mailing Address:

FEI Number: 03-0516547 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORSE, ROBERT W
200 OCEAN AVE. SUITE 202
MELBOURNE, FL 32951 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MORSE, ROBERT
Address: 200 OCEAN AVE E 202
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: MGRM ( ) Delete
Name: TURNER, GARY
Address: 200 OCEAN AVE # 202
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: MGRM ( ) Delete
Name: NASRALLAH, SAMEER
Address: 480 SPOONBILL LN
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: NASRALLAH, SAMEER
Address: 200 OCEAN AVENUE #202
City-St-Zip: MELBOURNE BEACH, FL 32951

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT W MORSE MGRM 04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date